Ц	Interstate Fire & Casualty Company		Commercial Auto Application							
Ц	Chicago Insurance Company		• •							
Щ	Interstate Indemnity Company									
	Fireman's Fund County Mutual Insurance Company									
	ction I - General Information									
Po	licy Period Desired		Phone #							
1.	Insured Name		Fax #							
	(dba)		Website							
2.	Mailing Address									
3.	Insured is: Individual Partnership Corporation I imited Liability Corp. Other									
4.	Describe business/operations									
5.										
	Have you ever operated under another name? Yes No									
	If yes, what was the name of that operation?									
_	If this is a new venture, where did you get your experience	e?								
ъ.	Have you ever had insurance for this type of operation cal	ncelle	d, declined or renewal refused?  Yes No							
7	If Yes, explain  Gross receipts last year  Annual miles driven per power unit  Percentage of the types of reads travels di									
/. 0	Appual miles driven per power unit	nate to	or coming year							
a.	Percentage of the types of roads traveled:									
J.	4 lane Highway or larger 2 lane Highway	Diet E	Pondo Othon Anny							
Sa	4 lane Highway or larger2 lane Highwayction II - Description of Operations	DII. F	Roads							
10	Dump Operation: (Includes Coment Trucks) (Calent and	40								
10.	Dump Operation: (Includes Cement Trucks) (Select one)  Hauling your own goods (Not for Hire)	13.	Food Delivery: (Autos used by food manufactures to							
	Cement Trucks		transport raw and finished products or used in whole-							
	Hauling for single concern.		sale distribution of food. Type of food or product							
	Name of Concern									
	Hauling for multiple concerns	14	Specialized Delivery (Select one)							
	Types of Cargo: Sand Gravel Dirt Asphalt		Magazines/Newspapers							
11.	Wrecker Operation: (Select one/or combination)		Mail/Parcel Post							
	Repossessor (Also complete Supp'l App. AU 1110)		Oilfield Delivery							
	☐ In conjunction with Auto Dealer operation	15.	Trash/Refuse/Waste (non hazardous)							
	☐ In conjunction with Garage Service operation		Residential% Commercial %							
	% used to transport customer's autos		If landfill/dumpsite is owned by you, advise who writes							
	% used on a for hire basis		Pollution and General Liability							
	For hire, servicing public									
	Methods you use to acquire your wrecker business:		Evidence of this coverage is mandatory.							
	% Rotation-contracted by state/city/local authority									
	% Police Scanner % Auto club	16.	Not otherwise classified in 9 through 14 above							
	% Addo club % Other (explain)		(Select one)							
12	Contractor(s) other than dump operations		Hauling your own goods							
	(Select one/or combination)		☐ Hauling exclusively for one concern Is concern trucking firm? ☐ Yes ☐ No							
	Building-commercial		Name of concern							
	Building-private dwellings		Specify type of cargo or operation							
	Electrical, plumbing, masonry, and other repair or servi	ces	opeany type or oarge or operation							
	☐ Excavating		Do you back haul for hire?  Yes No							
	Street/road		If so, what commodities, and how often?							
	Other									
	ction III - Area of Operations									
18.	Define normal areas of operation, i.e., Cities, States									
19.	Do you operate over a regular route? Yes No If y	es, de	scribe							
20.	List largest cities entered in each state									
21.	Radius of operation 0-100 101-300 301-500									
22.	Do you ever exceed 500 miles? The Yes No If yes, ex	plain _								
Sec	tion IV - Driver Information									
23.	Do you carry Worker's Compensation?  Yes No									
24.	Do you order motor vehicle reports on all of your drivers wi	ithin 30	days of employment?  Yes  No							

Page 1 of 4

00-AU 1133 (6-03)

	avise numb	er of arivers emplo	oyed over the past 6		or over the pa										
	Driver	s Full Name	Date of Bir	th Date Employed	Yrs Experien Comm'l Drivi on like equipm	ng Nur	ers License nber/State								
rive	_		December 1977												
1100	1		Description of Vio	lations and Accid	ents (Past 3 years	)									
		dule of Units													
7. N	umber of ve	hicles owned: Pic	ckupsTrucks_	Tractors	Semi Trailers	Full T	railers								
O. 14	uniber of ve	nicies leased: Pid	CKUDS Irucks	Tractors	Semi Trailere		railara								
D	o others ope	erate under your a	authority?  Yes	No If yes, please	explain										
N	umber of ve	hicles operating u	inder your authority:	Pickups T	rucks Tro	otoro									
5	emi iraliers	Full Irai	lers												
D	o you ever l	ease your authorit	ty to others? Yes	□ No If yes, ple             □	ase explain										
<b>3.</b> IS	this insurar	ice to cover all ow	rned, leased and oper	ated vehicles?	Yes   No If no,	olease explair	1								
). D	o vou hire a	nv equipment?	Yes □No If yes, ple	ase explain and div	ve actimated annua	l coot of him									
1. D	o you loan c	r rent any of your	equipment to others?	Yes No If ye	es, please explain										
<b>2.</b> D	o you interc	nange equipment	with other carriers?	_Yes	give details										
3. Is	there speci	alized equipment	attached to any unit?	ile Cranes Boom	e etc Voc Mic	If you done	Do you interchange equipment with other carriers?   Yes  No If yes, give details								
_				Is there specialized equipment attached to any unit? i.e., Cranes, Booms, etc. Yes No If yes, describe											
lf	more than o	ne unit insured, d													
1 5			escribe which unit is :	specially equipped.		-									
	shedula of u	nite:	escride which unit is s	specially equipped.											
	chedule of u														
nit	chedule of u Model Year	nits:  Trade Name	Tractor,Truck,	Body Type*	Cargo N	fodel and	Max								
nit	Model			Body Type* Structure	Cargo N		Max GVW/Ma								
nit lo.	Model		Tractor,Truck,	Body Type*	Cargo N	fodel and	Max								
nit lo. 1.	Model		Tractor,Truck,	Body Type* Structure	Cargo N	fodel and	Max GVW/Ma								
nit Io. 1.	Model		Tractor,Truck,	Body Type* Structure	Cargo N	fodel and	Max GVW/Ma								
nit lo. 1.	Model		Tractor,Truck,	Body Type* Structure	Cargo N	fodel and	Max GVW/Ma								
nit lo. 1.	Model		Tractor,Truck,	Body Type* Structure	Cargo N	fodel and	Max GVW/Ma								
nit lo. 1. 2.	Model		Tractor,Truck,	Body Type* Structure	Cargo N	fodel and	Max GVW/Ma								
nit lo. 1. 2. 3.	Model		Tractor,Truck,	Body Type* Structure	Cargo N	fodel and	Max GVW/Ma								
nit lo. 1. 2. 3.	Model		Tractor,Truck,	Body Type* Structure	Cargo N	fodel and	Max GVW/Ma								
nit lo. 1. 2. 3.	Model Year	Trade Name	Tractor,Truck, Semi Trailer etc	Body Type* Structure Type**	Cargo M Hauled V	flodel and in Number	Max GVW/Ma								
nit lo. 1. 2. 3.	Model Year *Body type i	.e., Belly Dump, S	Tractor, Truck, Semi Trailer etc	Body Type* Structure Type**	Cargo M Hauled V	flodel and in Number	Max GVW/Ma								
nit lo.	Model Year *Body type i	.e., Belly Dump, S	Tractor,Truck, Semi Trailer etc	Body Type* Structure Type**  Owboy, Reefer, Droass, etc.	Cargo N Hauled V	flodel and in Number	Max GVW/Ma GCW								
nit lo	Model Year *Body type i	.e., Belly Dump, S	Tractor, Truck, Semi Trailer etc	Body Type* Structure Type**  Owboy, Reefer, Droass, etc.	Cargo N Hauled V	flodel and in Number	Max GVW/Ma GCW								
nit lo	Model Year *Body type i	.e., Belly Dump, S	Tractor,Truck, Semi Trailer etc	Body Type* Structure Type**  Owboy, Reefer, Droass, etc.	Cargo N Hauled V	flodel and in Number	Max GVW/Ma GCW								
nit lo.  1.  2.  3.  4.  init lo.	Model Year *Body type i	.e., Belly Dump, S	Tractor,Truck, Semi Trailer etc	Body Type* Structure Type**  Owboy, Reefer, Droass, etc.	Cargo N Hauled V	flodel and in Number	Max GVW/Ma GCW								
Jnit No. 1. 2. 3. 4.	Model Year *Body type i	.e., Belly Dump, S	Tractor,Truck, Semi Trailer etc	Body Type* Structure Type**  Owboy, Reefer, Droass, etc.	Cargo N Hauled V	flodel and in Number	Max GVW/Ma GCW								

Section VI - Safety and Maintenance							
35. Is there a formal safety program in effect?   Yes   No If yes, give details and/or attach copy of your safety program	) Asvi						
Explain your maintenance program., i.e., How often is maintenance done and by whom?							
37. What criteria do you have in place for acceptability of drivers?							
Describe your accident reporting procedures:							
. Are periodic reviews of all drivers conducted?   Yes No If yes, how often?							
. Is any action taken against a driver for having a chargeable accident or a poor motor vehicle record?   Yes  No If Yes, explain.							
<b>41.</b> Do you have a safety incentive program?   Yes   No If yes, describe and/or attach a copy of your program.							
. Is there safety equipment attached to any unit? i.e., Anti theft devices, tarps, back up alarms etc., (Be specific)							
Are your trailers retrofitted with Reflective tape or Reflectors?   Yes   No							
Section VII - Filing Information							
For prompt and accurate filing, complete information must be given including name, address and Docket No. EXACTL	Υ						
as authority exists. Use separate sheet if necessary. Failure to provide accurate information will result in delays and							
suspensions.  43 Do you hold an I.C.C. parmit? Type Decket Number.							
43. Do you hold an I.C.C. permit? Yes No If yes, Docket Number Please attach a copy of your completed RS form.							
44. Do you hold a DOT registration?   Yes   No If yes, DOT number							
45. State filings required? Wes No If yes show states and permit numbers							
<b>46.</b> Do you hold broker authority? ☐Yes ☐No							
47. Is any special filing required such as oversize, overweight, city or hazardous permit?   Yes   No If yes, give deta	ails						
Section VIII - Previous Insurance and Loss Experience							

## THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY

Policy Year	Insurance Policy Carrier		Number of Accidents	Total Amoun	t of Claims Paid	Total Amount of Unsettled Claims (reserves)	
				Bodily Injury	Property Damage	Bodily Injury	Property Damage
From						ya.y	Damage
To						-	
From To							
From To							
				Paid Losses on Fire, Lightning, Explosion	Paid Losses on Theft/Vandalism	Paid Losses on Collision	Paid Losses on Windstorm, Hail, Flood etc
From							Hall, Hood etc
То							
From							
То							
From							
To							

<sup>\*\*\*\*</sup>FOR FLEETS CONSISTING OF 5 POWER UNITS OR MORE - HARD COPY LOSS RUNS ARE REQUIRED\*\*\*\*

			d Limits Requested					
48.	Lia	bility Limits				The transfer of the state of th	guerre i de la carra de la pode di se i la regal	
	A.	Combined Single	Limit: \$					
	В.	Split Limits:						
		Bodily Injury	\$		ea	ich person		
		5 . 5	\$		ea	ch accident		
		Property Damage	\$		ea ea	ch accident		
	C.	Liability Deductible						
		Bodily Injury only	\$ only \$ Property Damage \$					
		Property Damage	only \$					
		Bodily Injury and F	Property Damage \$					
	_	Bodily Injury and F	Property Damage appli	ied separately	\$			
49.	Do	you desire Uninsur	ed/Underinsured Moto	orist coverage?	(for requirements, ch	neck state statutes)	☐ Yes ☐ No	
	If y	es, limit desired \$ _	ejection of this coverag	If requ	ired by state, please	complete, sign and	d attach proper	
ΕO	TOL	n for selection or re	ejection of this coverag	je.				
50.	If m	you desire Persona	al Injury Protection cov	erage? (for req	uirements, check sta	ate statutes) 💹 Yes	s∐ No	
51	D0	you desire Madical	ease complete, sign ar	nd attach prope	r form for selection of	r rejection of cover	age.	
52	Do	you desire Medical	Payments Coverage?	res INC	If yes, advise limit	\$	-	
JZ.	A	U 1129 and AU 113	ria/or inon Owned Covi	erage : res	☐ No If yes, pleas	se complete Supple	emental forms	
53.			erages and deductible	selection				
	Un	it Description	Stated Amount	Collision	Other than Calli	sion Deductible	TO: 1 D 1 (1) 1	
			Stated / timedit	Deductible	Specified Causes	Comprehensive	Single Deductible Per Occurrence	
					of Loss	Comprehensive		
							☐Yes ☐ No	
							☐Yes ☐ No	
							☐Yes ☐ No	
							☐Yes ☐ No	
							☐Yes ☐ No	
54.	Los	s Payable Name aı	nd Address (advise wh	nich unit(s) this	applies to)		1	
55.	List	any Additional Insu	ureds to be named and	d advise what th	neir interest is in vour	r operation		
56.	LIST	any Person or Org	anization requesting a	. Waiver of Sub	rogation, and advise	reason for this requ	uest	
Sec	tior	X - Signatures						
I ded	lar	e to the best of my	knowledge that all stat	ements herein	are true and no mate	rial facts have been	n suppressed or	
miss	tate	ed. I am also aware	e that my operation ma	y be inspected	by the Insurance Co	mpany	ii suppiessed di	
			• .	,	,	,		
Applic	cant'	s Signature				Date		
Witne	ss					Date		
Age	nt:					Date		
Are y	/ou	personally familiar	with this Applicant's o	perations?	Yes 🗌 No			
Did y	ou/	office control this	risk in the past year?		Yes 🗌 No			
Agent	's or	Broker's Name	7	Telephone Number		Agents Signature		
(Pleas	se pi	int)		,		, igonio Oignatule		
Addre	SS					Date		

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be subject to civil or criminal penalties.